



WILLOW PHYSICAL THERAPY, LTD.

1919 Lathrop St. Suite 222 Fairbanks, Alaska 99701 • Ph: (907) 456-5990 • Fax: (907) 456-7418

PATIENT QUESTIONNAIRE

"Strength & Flexibility"

NAME: Justin Olsen

DATE: 6-18-08

1. What is your current main complaint? Jaw pain, headaches (temples, forehead, top of head) face swelling, thick trig
2. When did this begin or what caused these symptoms? Began at the end of November head pituitary tumor removed through upper lip had mouth open for five hours.
3. What is the diagnosis? _____
4. What treatment have you had for this? nothing
5. Have you experienced this problem before? No
6. If yes, what treatment did you have for it? _____
7. List all previous physical trauma or injury: Loss of vision & headaches from pituitary tumor started June of 07 ended Aug 28 07 tumor removed. Neck injury car accident
8. What is your current occupation, hobby, and/or employment? Truck Driver
9. List your general medical history: ie: heart disease, diabetes, seizures, pace maker, allergies, surgeries, high blood pressure, other: pituitary tumor removed Aug 28 07, Jaw surgery at age of 9 or 10 - Jaw was cracked.
10. What medications are you currently taking, and what are they for? Furicet, Tylenol.
11. Have you had x-rays or other special tests for your current problem? (please list the results if known) mri & cat scan
12. What daily activities are you limited in performing due to your current condition? _____
13. Has your sleep pattern been affected by this condition, and if so, how? Yes, have to take sleeping pill to sleep - still wake up through out night.
14. What position do you currently sleep in: all

PLEASE CONTINUE BY COMPLETING THE REVERSE SIDE

15. On a scale of 0 (no pain) to 10 (worst experienced pain), what was your pain level at the onset of this condition? 6-7 What is it now? 6

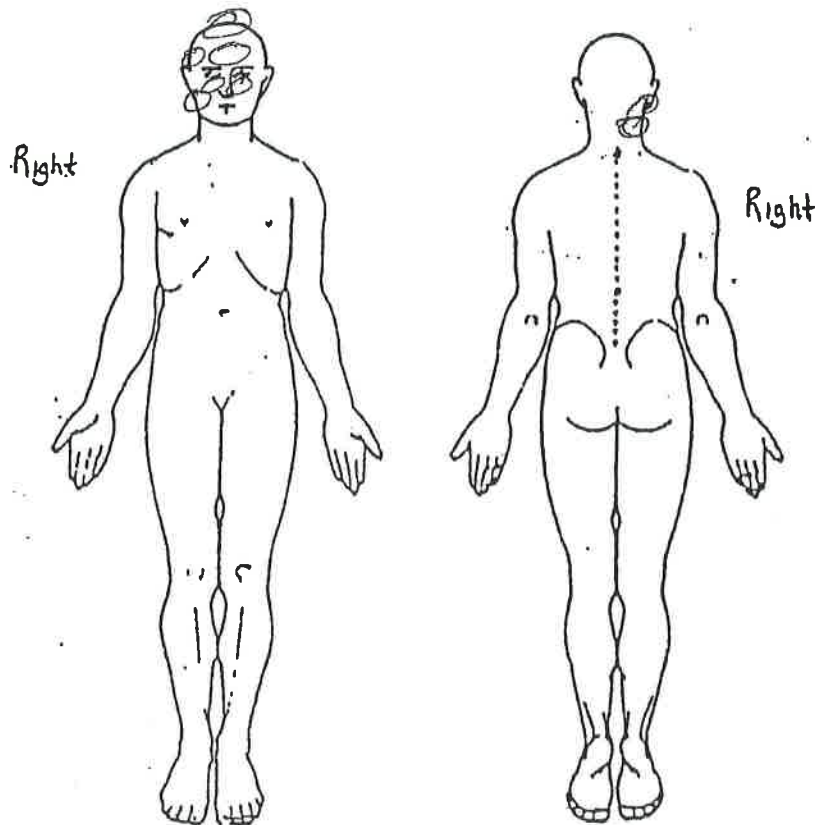
16. What makes your symptoms worse? being tired

17. What makes your symptoms better? ?

18. What time of day / night are your symptoms the worst? ?

19. If you have seen a doctor for this, when is your next scheduled appointment? yes.

Now, using the diagrams below, please mark the specific area(s) where you feel pain:



MEDICAL RECORD	CONSULTATION SHEET	Page 1 of 2
Consult Request: FB PHYSICAL THERAPY		Consult No.: 343388
To: FBX PHYSICAL THERAPY		
From: FBX MOFFETT (PRI CARE)		Requested: 05/12/2008 3:23 pm
Requesting Facility: FAIRBANKS VA CBOC		
Current Primary Care Provider: MOFFETT, TYLER C MD		
Current Primary Care Team: FAIRBANKS PC		
REASON FOR REQUEST: (Complaints and findings) Jaw exercises for TMJ disease		
PROVISIONAL DIAG: temporomandibular joint disease		
REQUESTED BY: MOFFETT, TYLER C MD	PLACE: Consultant's choice	URGENCY: Routine
(Pager:) (Phone: 907-361-6370)	SERVICE RENDERED AS: Outpatient	

C H A R T C O P Y
***** Unknown Significant Findings *****

No Consultation Results available.

(Receive Comment)

Entered by: HENDRICKSON-KOCHTE, LEONA M - 05/16/2008 8:56 am
Responsible Person: HENDRICKSON-KOCHTE, LEONA M
Entered at: ALASKA VAHSRO
Letter mailed to vet with vendor list and instructions

(Added Comment)

Entered by: THOMPSON, CAROL A RN - 06/16/2008 12:38 pm
Responsible Person: THOMPSON, CAROL A RN
Entered at: ALASKA VAHSRO
Vet called, states appointment with Willow Physical Therapy 06/18/2008 at 1615. Alert to Scott Quessenberry to please send authorization to this PT to cover visits, thanks

(Significant Findings Update Comment)

Entered by: QUESENBERY, SCOTT C RN - 06/16/2008 1:15 pm
Entered at: ALASKA VAHSRO

AUTHOR & TITLE:

DATE:

ID #: _____ ORGANIZATION: ALASKA VAHSRO REG #: _____ LOC: FBX MOFFETT

OLSEN, JUSTIN LEE SC LESS THAN 50% SC VETERAN

3179 06/17/1982

1075 Cloverleaf Dr.

NORTH POLE ALASKA

99705

Phone: (907) 490-2417

CONSULTATION SHEET
Standard Form 513 (Rev 9-77)

MEDICAL RECORD

CONSULTATION SHEET

Page 2 of 2

Consult Request: FB PHYSICAL THERAPY

Consult No.: 343388

Significant Findings Update Comment (Entered by: QUESENBERRY, SCOTT C RN -
06/16/2008 1:15 pm) continued.

Nurse Thompson this is an A-list consult that does not require approval
from ICS.

(Added Comment)

Entered by: THOMPSON, CAROL A RN - 06/16/2008 1:29 pm

Responsible Person: THOMPSON, CAROL A RN

Entered at: ALASKA VAHSRO

I do not have an A-list authorization person today and was hoping IC could
assist today. Alert to Scott Q. thanks

(Significant Findings Update Comment)

Entered by: QUESENBERRY, SCOTT C RN - 06/16/2008 1:32 pm

Entered at: ALASKA VAHSRO

Can this be approved and Auth sent for FBX.

=====

OLSEN, JUSTIN LEE SC LESS THAN 50% SC VETERAN
-3179 06/17/1982

CONSULTATION SHEET

Report from: ALASKA VAHSRO Station #463

***** CONFIDENTIAL Computerized Problem List SUMMARY pg. 1 *****
 OLSEN, JUSTIN LEE -3179 DOB: 06/17/1982

----- PLA - Active Problems -----

PROBLEM	6 Active Problems
	LAST MOD PROVIDER
Headache (ICD 784.0)	07/20/2007 MCWILLIAMS, RYAN
GERD (ICD 530.81)	07/20/2007 MCWILLIAMS, RYAN
Neck Pain (ICD 723.1)	07/20/2007 MCWILLIAMS, RYAN
BENIGN NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT (ICD 227.3); Pituitary Adenoma * (ICD-9-CM 227.3) S/p resection 28 Aug 2007 Madigan Army Hospital	09/10/2007 MOFFETT, TYLER C
UNSPECIFIED SINUSITIS (CHRONIC) (ICD 473.9); Unspecified sinusitis (chronic) (ICD-9-CM 473.9)	02/15/2008 TOWNSEND, ROBERT
COMMON MIGRAINE WITHOUT MENTION OF INTRACTABLE MIGRAINE (ICD 346.10); Common Migraine without Mention of Intractable Migraine (ICD-9-CM 346.10)	03/19/2008 MOFFETT, TYLER C

----- PLL - All Problems -----

ST PROBLEM	6 Problems
	LAST MOD PROVIDER
A Headache (ICD 784.0)	07/20/2007 MCWILLIAMS, RYAN
A GERD (ICD 530.81)	07/20/2007 MCWILLIAMS, RYAN
A Neck Pain (ICD 723.1)	07/20/2007 MCWILLIAMS, RYAN
A BENIGN NEO PITUITARY (ICD 227.3); Pituitary Adenoma * (ICD-9-CM 227.3) S/p resection 28 Aug 2007 Madigan Army Hospital	09/10/2007 MOFFETT, TYLER C
A CHRONIC SINUSITIS NOS (ICD 473.9); Unspecified sinusitis (chronic) (ICD-9-CM 473.9)	02/15/2008 TOWNSEND, ROBERT
A COM. MIGRAINE W/O INTRACTABLE (ICD 346.10); Common Migraine without Mention of Intractable Migraine (ICD-9-CM 346.10)	03/19/2008 MOFFETT, TYLER C

*** END *** CONFIDENTIAL Computerized Problem List SUMMARY pg. 1 *****

Report from: ALASKA VAHSRO Station #463

 OLSEN, JUSTIN LEE -3179
 CONFIDENTIAL Medication List SUMMARY pg. 1
 06/16/2008 14:59 *****
 DOB: 06/17/1982

----- ADR - Adv React/Allergy -----

Title: ALLERGY/ADVERSE REACTION (AR)

No known allergies

Assessment date: 07/20/2007

Assessed by: FOREE, LINDA J LPN

Title: LPN

----- RXS - Prescription List -----

Drug	St	Issued	Last Filled	Instructions
RANITIDINE HCL 150MG TAB	A	07/20/2007	06/11/2008	TAKE ONE TABLET BY MOUTH TWICE A
APAP 325/BUTALBITAL 50/CA	A	05/30/2008	05/30/2008	TAKE 1 TABLET BY MOUTH EVERY DAY
FOR HEADACHE				
AMITRIPTYLINE HCL 25MG TA	A	05/12/2008	05/13/2008	TAKE ONE TABLET BY MOUTH AT BEDTI
DAYS, THEN TAKE TWO TABLETS ATBEDTIME FOR 5 DAYS, THEN TAKE FOUR TABLETS AT BEDTIME FOR				
DAYS ASDIRECTED BY PROVIDER FOR TMJ PAIN				

----- RXNV - Non VA Meds (max 2 years) -----

Non-VA Med: ACETAMINOPHEN/ASPIRIN/CAFFEINE TAB

Status: Discontinued (SEP 10, 2007) CPRS Order #: 2260762

Documented By: FOREE, LINDA J LPN, CNS Documented Date: JUL 20, 2007@07:41:02

Clinic: 1428-FBX LOCUM 1 (PRI CARE) Start Date:

Dispense Drug: APAP 250/ASA 250/CAFF 65MG TAB Dosage: 1 TABLET

Med Route: MOUTH Schedule: AS NEEDED

Statement/Explanation/Comment: Non-VA medication not recommended by VA provider. 2 tabs as needed for headache

Non-VA Med: OTHER NON-VA MED MISCELLANEOUS

Status: Discontinued (MAY 30, 2008) CPRS Order #: 2260763

Documented By: FOREE, LINDA J LPN, CNS Documented Date: JUL 20, 2007@07:41:02

Clinic: 1428-FBX LOCUM 1 (PRI CARE) Start Date:

Dispense Drug: Dosage: VITAMINS FOR EYES/EYE CAPS

Med Route: Schedule: EVERY DAY

Statement/Explanation/Comment: Non-VA medication not recommended by VA provider.

Non-VA Med: PREDNISONE TAB

Status: Discontinued (JAN 15, 2008) CPRS Order #: 2311914

Documented By: FOREE, LINDA J LPN, CNS Documented Date: SEP 10, 2007@13:14:02

Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date:

Dispense Drug: Dosage: 7.5MG

Med Route: MOUTH Schedule: EVERY DAY

Statement/Explanation/Comment: Non-VA medication recommended by VA provider.

Non-VA Med: ACETAMINOPHEN/CODEINE TAB

Status: Discontinued (JAN 15, 2008) CPRS Order #: 2311915

Documented By: FOREE, LINDA J LPN, CNS Documented Date: SEP 10, 2007@13:14:02

Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date:

Dispense Drug: CODEINE 30/ACETAMINOPHEN 300MG TAB Dosage: 1 TABLET

Med Route: MOUTH Schedule: AS NEEDED

Statement/Explanation/Comment: Non-VA medication not recommended by VA provider.

***** CONFIDENTIAL Medication List SUMMARY pg. 2 *****
 OLSEN, JUSTIN LEE -3179 DOB: 06/17/1982

----- RXNV - Non VA Meds (max 2 years) -----
 (continued)

Non-VA Med: ACETAMINOPHEN/HYDROCODONE TAB
 Status: Discontinued (FEB 15, 2008) CPRS Order #: 2440835
 Documented By: MORENO, ADIA L LPN, CNS Documented Date: JAN 15, 2008@13:30:02
 Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date:
 Dispense Drug: HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Dosage: 1 TABLET
 Med Route: MOUTH Schedule: EVERY 6 HOURS

Statement/Explanation/Comment:

Non-VA Med: CETIRIZINE TAB
 Status: Discontinued (FEB 15, 2008) CPRS Order #: 2456721
 Documented By: MORENO, ADIA L LPN, CNS Documented Date: JAN 30, 2008@14:13:41
 Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date:
 Dispense Drug: CETIRIZINE HCL 10MG TAB Dosage: 10MG
 Med Route: MOUTH Schedule: EVERY DAY

Statement/Explanation/Comment: Non-VA medication not recommended by VA provider.

Non-VA Med: BUDESONIDE INHL, NASAL
 Status: Discontinued (MAY 30, 2008) CPRS Order #: 2456723
 Documented By: MORENO, ADIA L LPN, CNS Documented Date: JAN 30, 2008@14:13:41
 Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date:
 Dispense Drug: BUDESONIDE 32MCG 120D AQ NASAL INHL Dosage: 2 SPRAYS
 Med Route: NOSE Schedule: EVERY DAY

Statement/Explanation/Comment: Non-VA medication not recommended by VA provider.

Non-VA Med: DOXYCYCLINE CAP, ORAL
 Status: Discontinued (FEB 15, 2008) CPRS Order #: 2456831
 Documented By: MOFFETT, TYLER C MD, MD Documented Date: JAN 30, 2008@14:58:50
 Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date: JAN 30, 2008
 Dispense Drug: DOXYCYCLINE HYCLATE 100MG CAP Dosage: 100MG
 Med Route: MOUTH Schedule: TWICE A DAY

Statement/Explanation/Comment: Non-VA medication recommended by VA provider. #28

Non-VA Med: FEXOFENADINE TAB
 Status: Discontinued (MAY 30, 2008) CPRS Order #: 2474785
 Documented By: TOWNSEND, ROBERT L DO, MD Documented Date: FEB 15, 2008@09:22:47
 Clinic: 1428-FBX LOCUM 1 (PRI CARE) Start Date: FEB 15, 2008
 Dispense Drug: FEXOFENADINE HCL 60MG TAB Dosage: 60MG
 Med Route: MOUTH Schedule: TWICE A DAY

Statement/Explanation/Comment: Non-VA medication recommended by VA provider.

Non-VA Med: LEVOFLOXACIN TAB
 Status: Discontinued (MAY 30, 2008) CPRS Order #: 2510569
 Documented By: MORENO, ADIA L LPN, CNS Documented Date: MAR 19, 2008@14:07:36

***** CONFIDENTIAL Medication List SUMMARY pg. 3 *****
 OLSEN, JUSTIN LEE -3179 DOB: 06/17/1982

----- RXNV - Non VA Meds (max 2 years) -----
 (continued)

Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date:
 Dispense Drug: LEVOFLOXACIN 500MG TAB Dosage: 500MG
 Med Route: MOUTH Schedule: EVERY DAY

Statement/Explanation/Comment: Medication prescribed by Non-VA provider.

Non-VA Med: FEXOFENADINE TAB
 Status: Active CPRS Order #: 2590390
 Documented By: MORENO, ADIA L LPN, CNS Documented Date: MAY 30, 2008@10:43:22
 Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date: FEB 15, 2008
 Dispense Drug: FEXOFENADINE HCL 60MG TAB Dosage: 60MG
 Med Route: MOUTH Schedule: TWICE A DAY AS NEEDED

Statement/Explanation/Comment: Non-VA medication recommended by VA provider.

Non-VA Med: FISH OIL CAP/TAB
 Status: Active CPRS Order #: 2590505
 Documented By: MOFFETT, TYLER C MD, MD Documented Date: MAY 30, 2008@11:36:58
 Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date:
 Dispense Drug: FISH OIL CAP/TAB Dosage: 1 CAPSULE/TABLET
 Med Route: Schedule: TWICE A DAY

Statement/Explanation/Comment: Medication prescribed by Non-VA provider.

Non-VA Med: MINERALS/MULTIVITAMINS TAB
 Status: Active CPRS Order #: 2590506
 Documented By: MOFFETT, TYLER C MD, MD Documented Date: MAY 30, 2008@11:36:58
 Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date:
 Dispense Drug: MULTIVITAMIN/MINERALS CAP/TAB Dosage: 1 TABLET
 Med Route: MOUTH Schedule: EVERY DAY

Statement/Explanation/Comment: Medication prescribed by Non-VA provider.

Non-VA Med: OTHER NON-VA MED MISCELLANEOUS
 Status: Active CPRS Order #: 2590509
 Documented By: MOFFETT, TYLER C MD, MD Documented Date: MAY 30, 2008@11:36:58
 Clinic: 1549-FBX MOFFETT (PRI CARE) Start Date:
 Dispense Drug: Dosage: ISOCORT
 Med Route: Schedule: THREE TIMES A DAY

Statement/Explanation/Comment: Medication prescribed by Non-VA provider. per naturopath, "creates natural steroids"

*** END ***** CONFIDENTIAL Medication List SUMMARY pg. 3 *****

MEDICAL RECORD

Progress Notes

NOTE DATED: 05/12/2008 13:57
 LOCAL TITLE: TRIAGE PHONE PC
 STANDARD TITLE: PRIMARY CARE TRIAGE NOTE
 VISIT: 05/12/2008 13:57 FBX PHONE (NURSE)
 Call Type: DTN SYMPTOM
 Facility Appointed PCP: MOFFETT, TYLER C MD (FAIRBANKS PC)
 No Associate Provider Identified

Caller Response: OTHER.

Protocol(s) used: <Not identified>.

OLSEN, JUSTIN LEE is assigned to Caller Area FAIRBANKS.
 Patient Phone Number: (907) 490-2417
 Contact Phone Number: 590-6569.

ADDITIONAL COMMENTS/INFORMATION:

Comments: fbx/headaches

Evaluation/Management Code: PHYSICIAN PHONE CONSULTATION (99372).
 Original call started at: MAY 12, 2008 @ 11:44 (Call was suspended)
 Ending at: 5/12/2008 @ 2:04:53 PM
 Length: 8 minutes. (Call was suspended. This call length is the total amount of time spent "active" in Telecare Record Manager.)
 of time spent "active" in Telecare Record Manager.)
 Author: DEBUSE, CRYSTAL D RN
 Conversation with OLSEN, JUSTIN LEE has a chief complaint of: <not identified>.

Identified problem: OTHER UNSPECIFIED COUNSELING.

Veteran is calling and denies any urgent needs at this time. Veteran states that he spoke with the PCP last week and had discussed the possibility of his HA's being related to TMJ. Veteran states that he would like to speak with PCP to follow up that conversation.

Plan:

1) Will forward to PCP. Veteran instructed that call back may take a few days. Veteran verbalized a good understanding.

Signed by: /es/ CRYSTAL D DEBUSE RN
 Care Manager
 05/12/2008 14:06

Receipt Acknowledged By: /es/ TYLER C MOFFETT MD

05/12/2008 15:09

05/12/2008 15:15 ADDENDUM STATUS: COMPLETED
 Spoke with pt who is concerned that his headaches may be triggered by TMJ. Has recurrent unilateral TMJ pain but no popping with chewing. I am not convinced that this is cause of headaches.

** THIS NOTE CONTINUED ON NEXT PAGE **

OLSEN, JUSTIN LEE
 -3179 DOB: 06/17/1982

ALASKA VAHSRO
 Pt Loc: OUTPATIENT

Printed: 06/16/2008 15:00
 Vice SF 509

MEDICAL RECORD

Progress Notes

05/12/2008 13:57

** CONTINUED FROM PREVIOUS PAGE **

P:

1. PT for TMJ disease
2. amitriptyline, escalating dose for pain
3. recommended pt see his dentist to eval for malocclusion or other abnormality that might cause/exacerbate TMJ dz.

Signed by: /es/ TYLER C MOFFETT MD

05/12/2008 15:23

OLSEN, JUSTIN LEE

[REDACTED]-3179 DOB:06/17/1982

ALASKA VAHSRO

Pt Loc: OUTPATIENT

Printed:06/16/2008 15:00

Vice SF 509

Saw Dr. Craig O'Donahue
Jan 26, 2010

- Immediately referred
to Dr. Larry Wolford
for surgery.

February 05, 2010

Justin Olsen
1075 Cloverleaf Drive
North Pole, AK 99705

Dear Mr. Olsen,

The following is a report of our findings based on the CT scan taken January 26, 2010.

SUBJECTIVE: Your chief complaints were headaches, jaw pain, neck pain, facial pain, eye pain, migraine headaches and fatigue.

MEDICAL HISTORY: You have had allergic reactions to codeine. You are currently taking cortisone, muscle relaxants and pain medication. You reported a history of injury to the neck, jaw joint surgery, bruising easily, difficulty concentrating, tumors, third molar extraction and Right TMJ surgery age 9; surgical removal of pituitary gland August 2007.

HISTORY OF PRESENT ILLNESS: You indicated symptoms of constant moderate frontal headaches that last for hours (right side), constant mild parietal headaches that last for minutes (bilateral), frequent mild occipital headaches that last for minutes (right side) and constant moderate temporal headaches that last for hours (right side), jaw pain on the right while at rest, pain or pressure behind the eyes, eye pain, middle back pain and neck pain. You stated the pain or condition first occurred November 2007. You believed the cause of the pain to be surgical removal of pituitary gland August 2007. Regarding the question "Is there anything that makes your pain or discomfort worse?" you stated "less sleep." You described a minor vehicle accident as follows: you were the driver of a vehicle. You were hit by an object. The vehicle was hit at the rear end. You did not go to the hospital or have lasting effects.

FAMILY HISTORY: Members of your family (blood kin) have had: headaches.

ASSESSMENT: My initial clinical impression is right side condylar hypoplasia (acquired) (526.89), acute pain, chronic pain, right side muscle spasm (728.85), right side pain in jaw (524.62) and bilateral pain in/around eye (379.91).

EXHIBIT 10
Page 30 of 106

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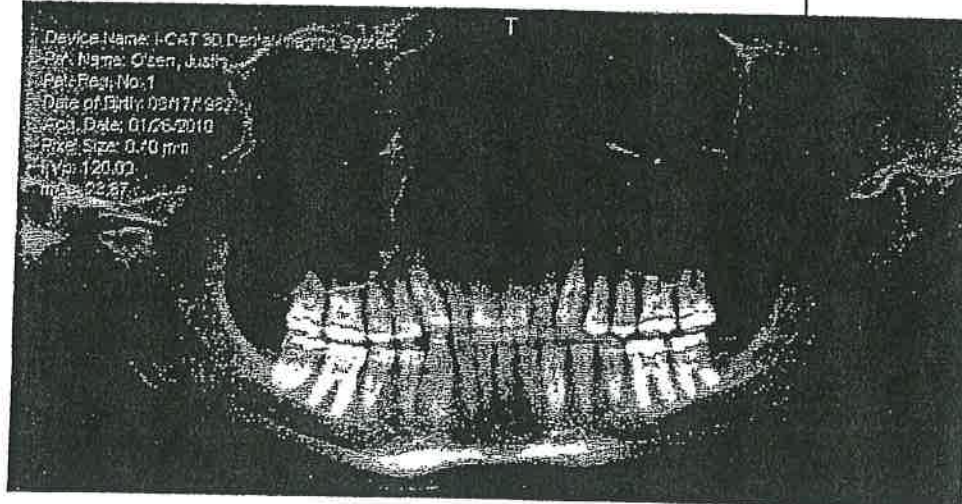
PLAN: I have recommended that you consult with Dr. Larry Wolford, an oral surgeon.

We are available to answer any questions regarding this report or your care. If you have any questions or comments, please let us know.

Sincerely,



Dr. Craig O'Donoghue
1005 Danby Street
Fairbanks, AK 99701
phone 907-374-
6688



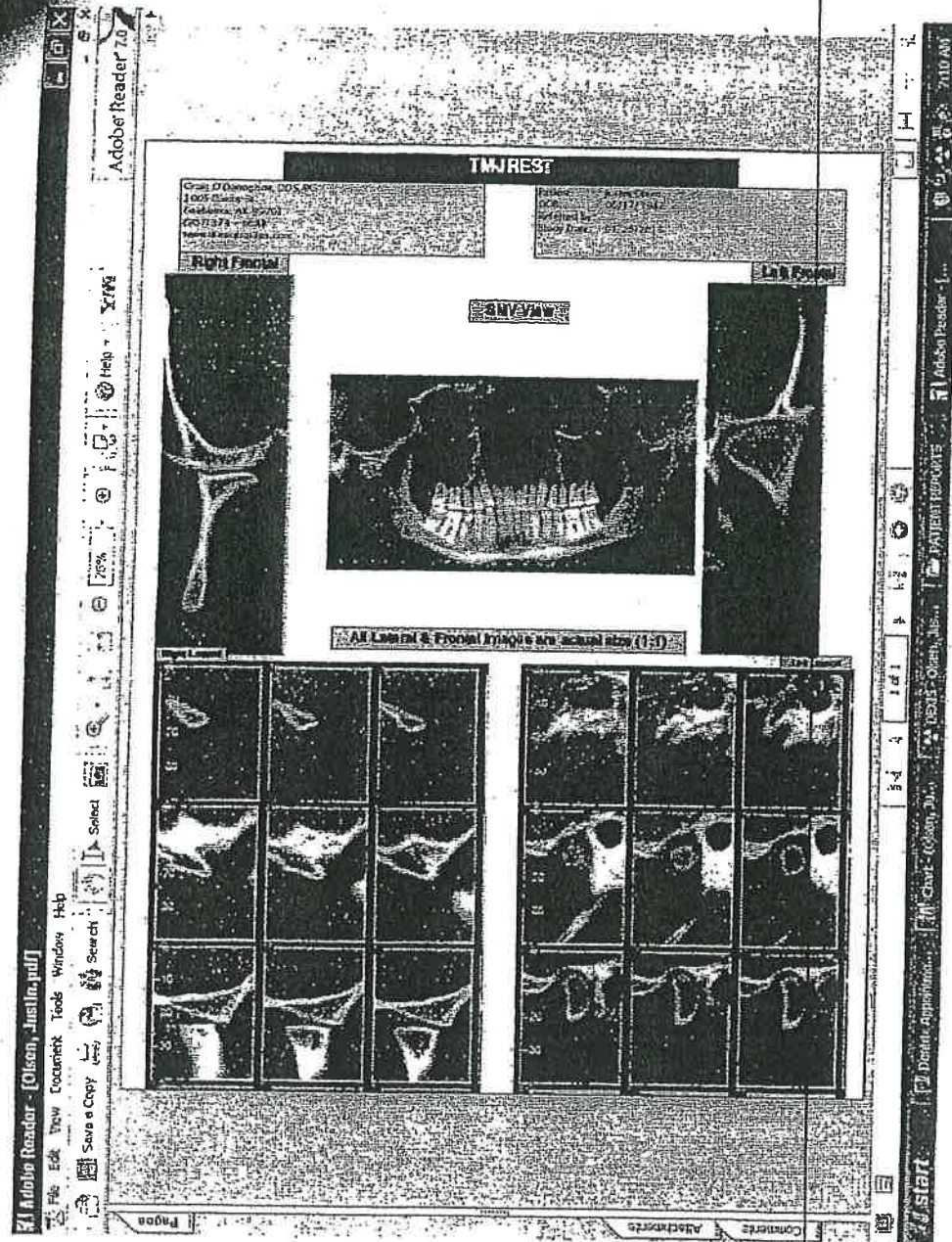
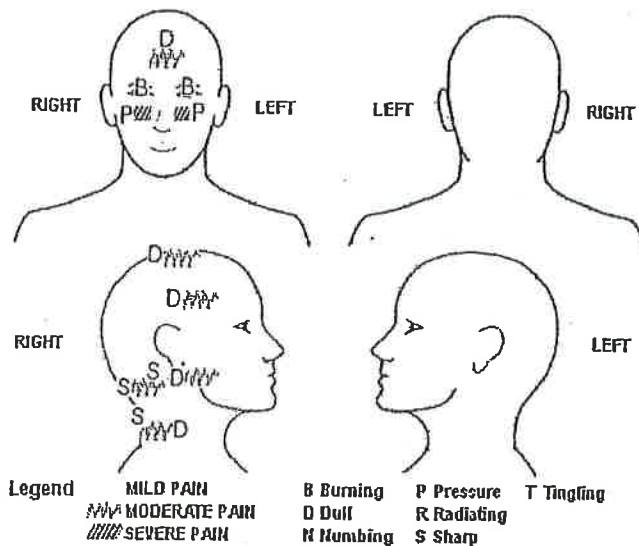


EXHIBIT 10
Page 32 of 106

TMD and Orofacial Pain Diagnostic Report

Dr. Craig O'Donoghue
1005 Danby Street

Patient: Justin Olsen
Examination Date: 01/26/2010



Pain pattern
described by patient



Muscle palpation

EXHIBIT 10
Page 33 of 106

Larry M. Wolford, DMD

Patient Information

Home
Meet Dr. Wolford
About our staff
Patient forms
Services provided
Patient information
Office location
Before & After Gallery
Hotels and travel information
Pre and post operative care
Research studies

Initial Consultation

Materials to bring for the initial consultation

X-rays

Dental Models

Insurance Plans

Emergencies

Post Surgery Follow-up Appointments

Dental models (models of your teeth)

A list of current symptoms, problems, and concerns

A list of all previous treatments and surgery you have had for your condition

A list of medications you are currently taking

Previous x-rays taken of your jaws, jaw joints (TMJ), teeth, and skull (i.e. panorex, lateral cephalogram, tomograms, CT scan, etc.

Previous MRI s of the TMJs

3409 Worth St., Suite 400

Dallas, TX 75246

214.828.9115

/off

Excellence in patient care

<http://drilarrywolford.com/>

2/5/2010

LARRY M. WOLFORD, DMD

Oral and Maxillofacial Surgery

March 13, 2010

Dr. Craig O'Donoghue
1005 Danby Street
Fairbanks, AK 99701
www.alaskasmiles.com

RE: JUSTIN OLSEN

Dear Craig:

Thank you for sending the records on Justin Olsen. I received a disk with lateral cephalometric, Panorex, and TMJ images as well as a set of dental models. Justin is 27 years old and in 1994 was diagnosed with a condylar hyperplasia and had a low condylectomy performed by Dr. David Edwards. Justin has also had a pituitary tumor that was removed in August 2007. His pain symptoms began at about the age of 25 in 2007. His headaches and TMJ pain began in November 2007 following the pituitary tumor removal that was performed in August 2007.

Based on history, radiographs, and dental models, Justin's diagnoses are as follows:

1. Previously treated condylar hyperplasia (probably an osteochondroma) of right mandibular condyle with a low condylectomy.
2. Right TMJ pain.
3. Right-sided headaches.
4. Class II end-on occlusion on the right side and Class I occlusion on the left side.
5. Probable mild facial asymmetry with the chin shifted to the right (no photographs were available for evaluation).

Recommended surgery would be as follows:

1. Right TMJ reconstruction with TMJ Concepts total joint prostheses.
2. Fat graft to right TMJ.

Splint therapy certainly could be tried to see if this would help control his headaches better. In addition, Klonopin 1 mg tablets may be helpful if his headaches are related to clenching and particularly if he wakes up with headaches in the morning. I suspect that when the surgery was done his articular disc was not reattached to the condyle and that he currently has degenerative joint problems on the right side with the absence of an articular disc.

Based on the materials forwarded, the best treatment option for him from a surgical standpoint would be reconstruction of the right TMJ with a TMJ Concepts total joint prosthesis. This would give him the best chance for elimination of the headaches and TMJ pain. If Justin is going for the optimal result, then orthodontics could be done and we could try to establish a better Class I

SAMMONS TOWER • 3409 WORTH ST. • SUITE 400 • DALLAS, TX 75246 • (214) 828-9115 • (972) 263-2165 • FAX (214) 828-1714

RE: JUSTIN OLSEN

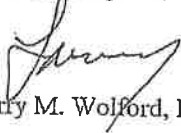
March 13, 2010

2

occlusal relationship. This will likely require opening some spacing around the upper lateral incisors as he does have a tooth size discrepancy. As we did not have any photographs, I cannot tell if there is a significant cant in the transverse occlusal plane nor could I assess the amount of facial asymmetry. If he is not concerned about these issues, then the treatment plan with just reconstructing the right TMJ with a TMJ Concepts total joint prosthesis and fat graft would eliminate his primary concerns.

If you have any other thoughts, suggestions, or questions in reference to the treatment recommendations, please give me a call. If he is interested in surgery, please let me know and we can prepare a letter of preauthorization for the insurance company. Thank you again for sending the records on Justin, and if he decides to proceed ahead with treatment, I would forward to the opportunity of working with you in correcting his concerns and problems.

With best regards,



Larry M. Wolford, DMD

LMW/pr

EXHIBIT 10
Page 36 of 106

ALASKA ORAL & FACIAL SURGERY CENTER

Cosmetic Facial Surgery

Dr. Stephen H. Sutley

Diplomate, American Board of Oral & Maxillofacial Surgeons
Member of American Society of Laser Medicine & Surgery

Dr. John E. Brock

Diplomate, American Board of Oral & Maxillofacial Surgeons
Member of American Society of Laser Medicine & Surgery
Member of the American Academy of Cosmetic Surgeons

1275 Sadler Way, Suite 202 Steese Medical Center Fairbanks, Alaska 99701
(907) 452-4101 Fax: (907) 452-4102 Dr. Sutley@aksurgerycenter.com Dr. Brock@aksurgerycenter.com

June 19, 2008

Evaluation and Treatment Plan: Mr. Justin L Olsen is a 26 year old Male, seen on self referral for the right TMJ.

CC: Patient has pain through out the day.

Pain Level: 6 or 7 average day.

PMH/ROS: See medical health history. Patient had Pituitary gland removed August 28 of 07. Medications: Herbal medication & vitamins, NKDA. Patient is seeing a PT at Willow Physical Therapy. He saw Dr. M. Helmbrecht last week and was told he has some teeth he would like to change out his fillings. Patient has sought acupuncture and found some relief.

BP: 137/84 **Pulse:** 82 **Weight:** 170

Limited H&N Exam: NC/AT, and WNL

Consultation: Patient gets headaches everyday that are can be associated with three trigger points: between the eyes, forehead (which presents the worst area for pain) & top of the head. No vomiting associated with headaches. Patient had Pituitary tumor removed through vestibule of the maxillary jaw.

After patient had tumor removed he was placed on steroids until November. Once he stopped the steroids he felt the discomfort returning. At this point he has sought attention through Acupuncture, Ear Nose & throat physician, dentist & physical therapist.

Patient had jaw surgery on the right side when he was 9 or 10 to shorten up his mandible on the right side.

Dr. Brock reviewed Cd and than discussed findings with patient.
Panorex was taken in our office and is located on WinOms.

As per Dr. Brock he feels there are several contributing factors to his condition: Patient has both facial pain & migraines. Dr. Brock noticed that patient has a flatten condyle on the right side which is contributing significantly to his discomfort. This was caused from the previous jaw surgery causing degenerative changes in the joint. Patient has an unbalanced jaw. Teeth don't touch on the left side. The option maybe a sagital split on the left side.

Dr. Brock will be exploring different options on what treatment would be best for the patient ie: botox (trigger point injections)

If this doesn't relieve patient of discomfort the next option maybe surgery.

We will be contacting patient in a couple of days regarding treatment options.

Patient is to continue with Physical Therapy until further notice.

Phone numbers: (h)490-2417 (c)590-6569

lp

Plan

- Right arthrocentesis
- trigger pt injections.
- eval for orthodontic tx
to correct left open
bite.
- possible BSSO in future

ALASKA ORAL & FACIAL SURGERY CENTER

Dr. Stephen H. Sutley

*Diplomate, American Board of Oral & Maxillofacial Surgeons
Member of American Society of Laser Medicine & Surgery*

1275 Sadler Way, Suite 202 Steese Medical Center Fairbanks, Alaska 99701
(907) 452-4101 Fax: (907) 452-4102 Dr. Sutley@alaskasurgerycenter.com

July 3, 2008

Evaluation and Treatment Plan: Mr. Justin L Olsen is a 26-year-old Male, seen on follow-up from self-referral for TMJ problems. Patient's original consult with Dr. Brock was on June 19, 2008.

CC: Patient states that for the last couple of days he has taken a muscle relaxer and is feeling good. He reports sore and tenderness to the right joint.

PMH/ROS: See medical health history.

Limited H&N Exam: NC/AT, and WNL.

Diag & Consultation: Intraoral evaluation shows that with how the patient's occlusion and left open bite is that his headaches and myofacial pain will continue to come back. If the stress of the jaw joint can be placed onto the back teeth then his pain would decrease and get better.

Recommend: Dr. Brock recommends that patient fix the foundation "Occlusion", so 1st option is too see orthodontist Dr. Wentz. 2nd option would be possible surgery.

Instructions: Take 1 tablet of Valium prior to bedtime.

Rx: Prescription for 5mg of Valium given to patient today.

Plan: Dr. Brock is going to refer patient to Dr. Wentz.

Dr. John Brock _____ crc

ALASKA ORAL & FACIAL SURGERY CENTER
Cosmetic Facial Surgery

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July 17, 2008

Todd

I'm referring Justin Olsen to you for an evaluation to correct his malocclusion I believe is contributing to his headaches and myofacial pain. Justin is a pleasant 26 y/o young man whom presented to me with a complaint of daily headaches and pain associated with temporalis, and masseter muscles.

Exam demonstrates an open bite on the left and a prior history of a right condylar shave to correct a facial asymmetry. It is my opinion that Justin could benefit from correction of his open bite to minimize stress and compensation that his muscles experience secondary to his malocclusion. Please evaluate Justin for orthodontic therapy. Treatment may include mandibular surgery however it is my hope that this can be corrected with orthodontics.

Thanks Todd
John

copy & photo sent